

## GENERAL FACT SHEET

BILL NUMBER 10R-269

BRIEF TITLE	APPROVAL DEADLINE	REASON
Renew Agreements		

## DETAILS

## POSITIONS/RECOMMENDATIONS

<p>To approve the renewal of agreements with AOI Corporation, Office Interiors &amp; Design, Inc., Spaces, Inc., Sheppards Business Interiors, and All Makes Office Equipment Company for annual office seating requirements.</p>	Sponsor	Law Department
	Program Departments, or Groups Affected	Purchasing
	Applicants/Proponents	<p>Applicant Steve Huggenberger</p> <p>City Department Law Dept.</p> <p>Other</p>
<p>Discussion (Including Relationship to other Council Actions)</p> <p>This is the annual renewal for City and County Office Seating needs with five companies, AOI Corporation, Office Interiors &amp; Design, Inc., Spaces, Inc. Sheppards Business Interiors, and All Makes Office Equipment Company. The contracts are on as needed basis and there is no minimum purchase requirement with any company. This is the second of three renewals of contracts originally entered into beginning October 2008.</p>	Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
	Staff Recommendation	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	<p>BY</p> <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

## DETAILS

## POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____ _____
	OPERATIONAL IMPACT ASSESSMENT	_____ _____ _____ _____
	<b>FINANCES</b>	
	COST AND REVENUE PROJECTIONS	COST of total project: \$ _____ COST of this Ordinance/ Resolution \$ _____
		RELATED annual operating Costs \$ _____
		INCREASE REVENUE EXPECTED/YEAR \$ _____
	SOURCE OF FUNDS	CITY [Approximately] _____ \$ _____ % _____ _____ \$ _____ % _____ _____ \$ _____ % _____
NON CITY [Approximately] _____ \$ _____ % _____ _____ \$ _____ % _____ _____ \$ _____ % _____		
BENEFIT COST		
<input type="checkbox"/> Front Foot		Average Assessment
<input type="checkbox"/> Square Foot		\$ _____ \$ _____

APPLICABLE DATES:

FACT SHEET PREPARED BY: Steve Huggenberger, Assistant City Attorney

REVIEW BY:

REFERENCE NUMBER